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CENTRAL FAX CENTER****SEP 01 2006****To:** Commissioner for Patents**From:** Steven L. Nichols**Fax:** (571) 273-8300**Pages:** 21 pages including coversheet**Phone:****Date:** September 1, 2006**Re:** Application No. - 10/057,116

☒ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

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Transmitted, herewith, are the following documents:

1. Facsimile Coversheet (1 page)
2. Certificate of Transmission (1 page)
3. Transmittal Letter for Response/Amendment with Duplicate Copy (2 pages)
4. Amendment (17 pages)

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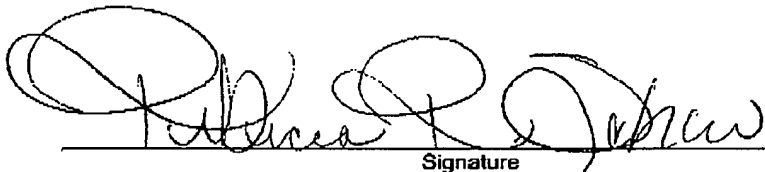
Application No.: 10/057,116

Attorney Docket No.: AB-165U

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents via the USPTO central facsimile number, (571) 273-8300.

on September 1, 2006
Date



Signature

Rebecca R. Schow

Typed or printed name of person signing Certificate

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AB-165U

Serial No.: 10/057,116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 01 2006

In re Patent Application: Todd K. Whitehurst et al.

Confirmation No.: 1864

Application No.: 10/057,116

Examiner: SCHAEZLE, Kennedy

Filed: January 24, 2002

Group Art Unit: 3766

Title: "Fully Implantable Neurostimulator for Peripheral
Nerve Stimulation as a Therapy for Chronic Pain"Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment () Petition to extend time to respond
 () New fee as calculated below () Supplemental Declaration
 (X) No additional fee () Other: _____

CLAIMS AS AMENDED BY A LARGE ENTITY						
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	8	MINUS	26	= 0	X \$50.00	\$0.00
INDEP. CLAIMS	4	MINUS	4	= 0	X \$200.00	\$0.00
[] FIRST PRESENTATION OF A MULTIPLE DEPENDANT CLAIM					+ \$360.00	\$
EXTENSION FEE	[] 1ST MONTH \$120.00	[] 2ND MONTH \$450.00	[] 3RD MONTH \$1020.00	[] 4TH MONTH \$1590.00		\$0.00
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

Please charge **\$0.00** to Deposit Account **18-0013/40328-0030**. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account **18-0013/40328-0030** pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account **18-0013/40328-0030** under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate of this sheet is enclosed.

I hereby certify that this correspondence is being transmitted to the US Patent and Trademark Office via facsimile number **(571) 273-8300** on **September 1, 2006**

Number of pages transmitted: 21

Signature: 

Rebecca R. Schow

Respectfully submitted,

By: 

Steven L. Nichols (Reg. No.: 40,326)
 Attorney/Agent for Applicant(s)
 Telephone No.: (801) 572-8066
 Date: September 1, 2006

AB-185U

DUPLICATE

Serial No.: 10/057,116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application: Todd K. Whitehurst et al.

Confirmation No.: 1864

Application No.: 10/057,116

Examiner: SCHAEZLE, Kennedy

Filed: January 24, 2002

Group Art Unit: 3766

Title: "Fully Implantable Neurostimulator for Peripheral Nerve Stimulation as a Therapy for Chronic Pain"

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment () Petition to extend time to respond
 () New fee as calculated below () Supplemental Declaration
 (X) No additional fee () Other: _____

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FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
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INDEP. CLAIMS	4	MINUS	4	= 0	X \$200.00	\$0.00
[] FIRST PRESENTATION OF A MULTIPLE DEPENDANT CLAIM					+ \$360.00	\$
EXTENSION FEE	[] 1ST MONTH \$120.00	[] 2ND MONTH \$450.00	[] 3RD MONTH \$1020.00	[] 4TH MONTH \$1590.00		\$0.00
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

Please charge \$0.00 to Deposit Account 18-0013/40328-0030. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 18-0013/40328-0030 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 18-0013/40328-0030 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate of this sheet is enclosed.

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Serial No. 10/057,116

SEP 01 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Patent Application of

Todd K. Whitehurst et al.

Application No. 10/057,116

Filed: January 24, 2002

For: "Fully Implantable Neurostimulator for
Peripheral Nerve Stimulation as a
Therapy for Chronic Pain"

Group Art Unit: 3762

Examiner: SCHAETZLE, Kennedy

AFTER-FINAL AMENDMENT
UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the final Office Action mailed July 14, 2006, please consider the following.